

7/19/00
12:00

PERMIT

P 513669

SEWAGE DISPOSAL SYSTEM

A 50388 AF

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

ISSUE DATE 7/7/00

INDEXED

APPROVAL DATE 7/19/00

360885

K & K Excavating

IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Ridge View Hunt LOT NUMBER 18 ADDRESS 15309 Farm View Court

PROPERTY OWNER Selfridge Builder PROPERTY OWNER'S ADDRESS 14045 Gared Drive

Glenwood, MD 21735

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

*** TOP SEAMED SEPTIC TANK REQUIRED ***

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 105 feet down the 287.46' lot line and 55 feet off that same lot line as seen when facing the property from the end of the cul-de-sac. Run trenches on contour toward the right (287.46) lot line.

KEEP DBOX & 1ST TRENCH OUT OF 100' WELL RADIUS

KEEP TRENCHES 9' EDGE TO EDGE (12' CENTER TO CENTER)

PLANS APPROVED Amy McMillen DATE 5-12-2000

PERMIT VOID AFTER 2 YEARS ON Steven R. Krieg 5-17-00

(NOTE) CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

(NOTE) ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

OLD PERMIT SIGNED AND RETURNED 5/11/01
B00129933 - dek deck

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

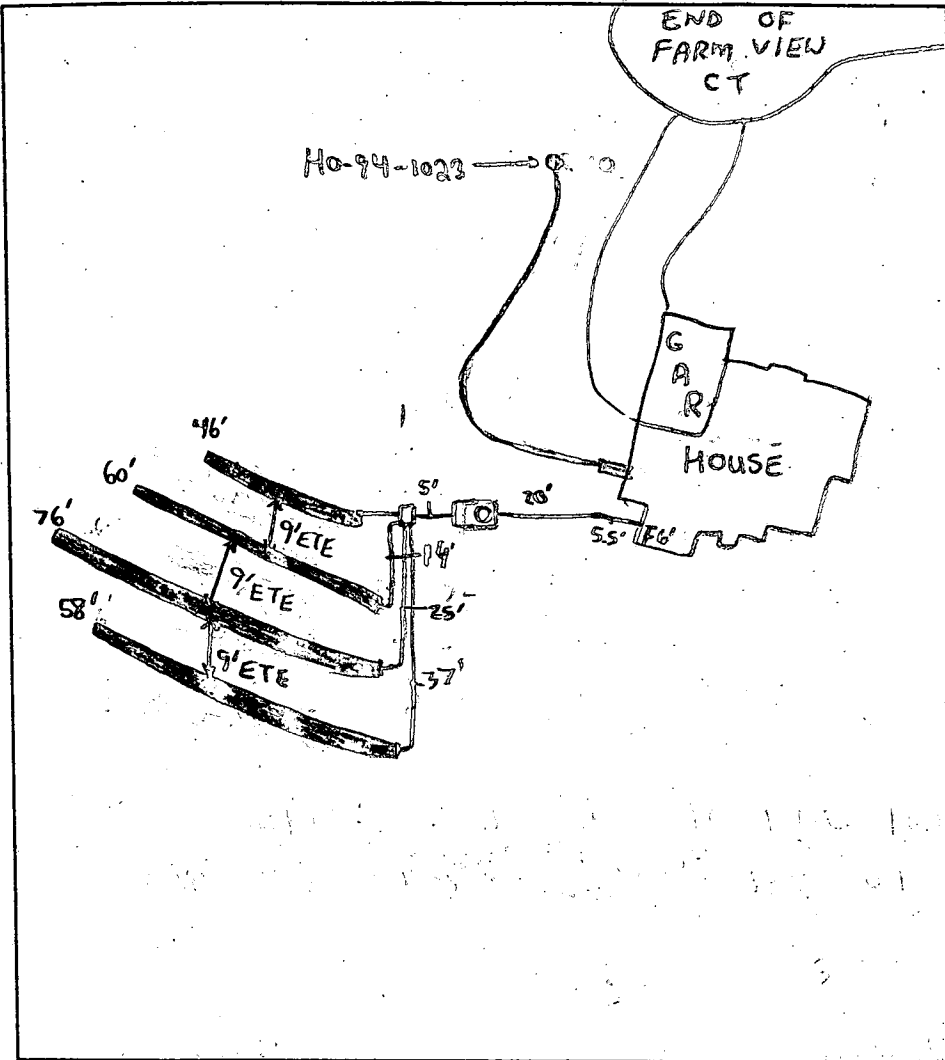
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 50388 AF

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 5
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 T.S. GALLONS
 MANHOLE RISER on Septic Tank
 6 INCH INSPECTION PORT No

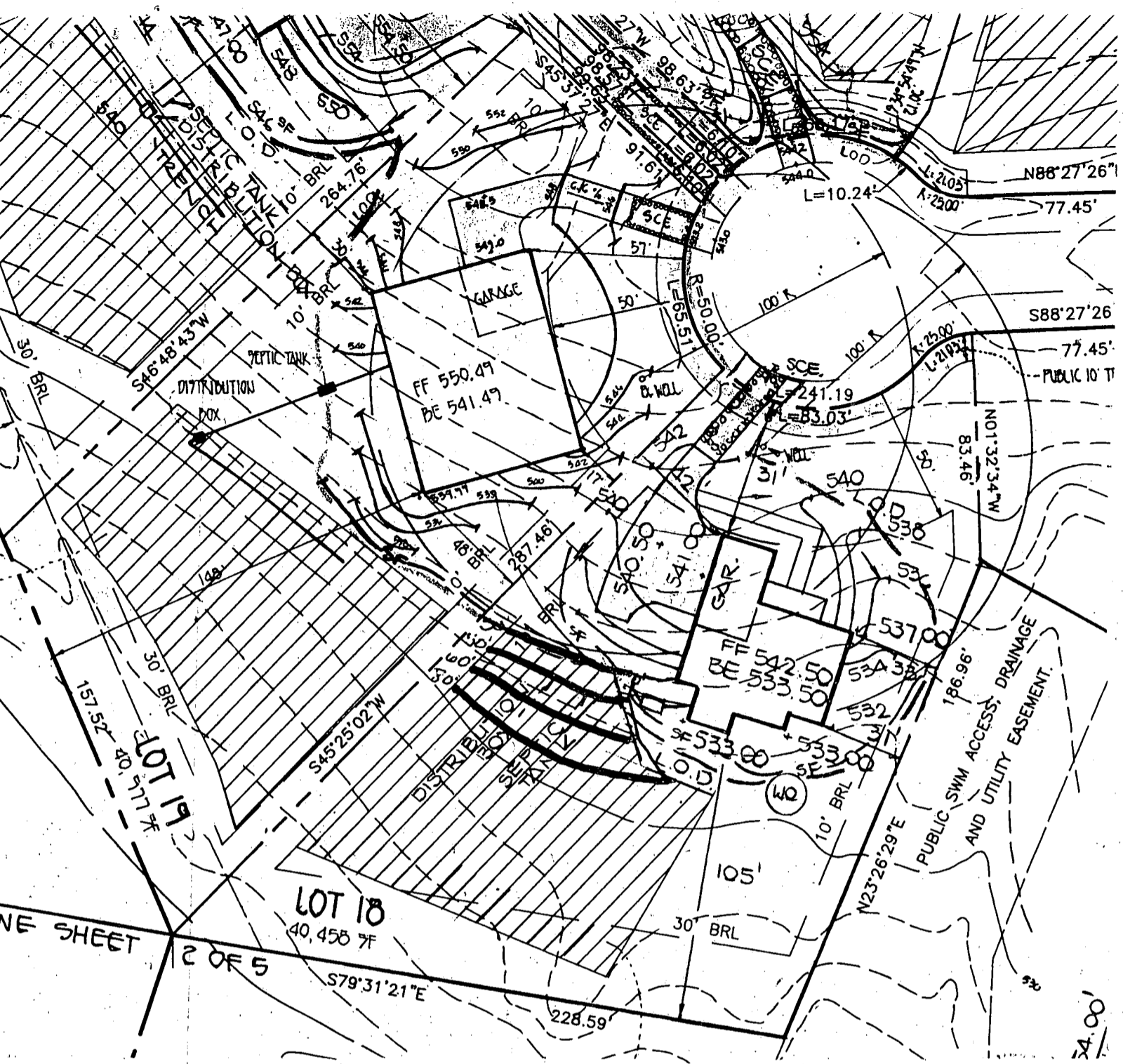
PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER N/A
 ALARM N/A
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 7/19/00 - OK TO COVER ALL WORK - (SRIC)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 7/19/00



ENGINEER: FC & C

SEPTIC SYSTEM DATE CHART

LOT •	INV. AT HOUSE	INV IN AT S.T.	INV. OUT AT S.T.	GROUND AT S.T.	GROUND AT DIST BOX	INV. AT DIST BOX
17	567.50	567.04	566.74	568.00	558.00	555.00
18	531.30	530.70	530.40	533.00	533.00	530.00
19	536.0	535.6	535.3	533.0	532.0	529.0
20	542.00	537.60	537.30	543.00	542.00	537.00
21	538.8	537.6	537.3	540.6	540.0	537.0
22	531.28	530.80	530.50	534.00	533.00	530.00
23	556.70	555.50	555.20	558.00	558.00	555.00
24	559.7	558.9	558.6	561.9	561.0	558.0
25	557.8	556.8	556.5	559.0	559.0	556.0
26	559.8	559.2	558.9	562.5	561.5	558.5

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Amy McMillan 5/12/00
Signature Date



SHEET 12 OF 5

5/22/00 Well needs to be 15'
 from driveway - No exceptions
 health factor involved &
 protection of well head
 Told Tim Reagan Au

NO-BUILDABLE
 VATION PARCEL 'F'
 OR PURPOSES OF SWMF

STANTON RESIDENCE
 RIDGE VIEW HOOT LOT #18
 PRELIMINARY Plat Part

[Signature]
 TEB/4/26/00
 workable

ADJUSTMENT
 SDA THAT
 WOULD BE OK
 Approved by
 Health Dept
 PRESERVATION

APPLICATION

PERCOLATION TESTING

A 50388 F

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 11/10/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Richard Hoenes SELF RIDGE BUILDERS

ADDRESS 8668 Baltimore National Pike
Ellicott City, Maryland 21043 PHONE (410) 465-2321

AGENT OR PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION White Property LOT NO. 6 5.19

ROAD AND DESCRIPTION South side 15000 block of Carrs Mill Road; 1 mile +/- west
of Roxbury Mills Road intersection. (15309 FARM VIEW COURT)

TAX MAP 14 PARCEL # 14

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 4 Brm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

REG. PERMIT SIGNATURE
AND RETURNED 12-14-99
Serial # 800123960

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Richard Hoenes
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

ROBERT F. BOWD
P. 10
1448/101

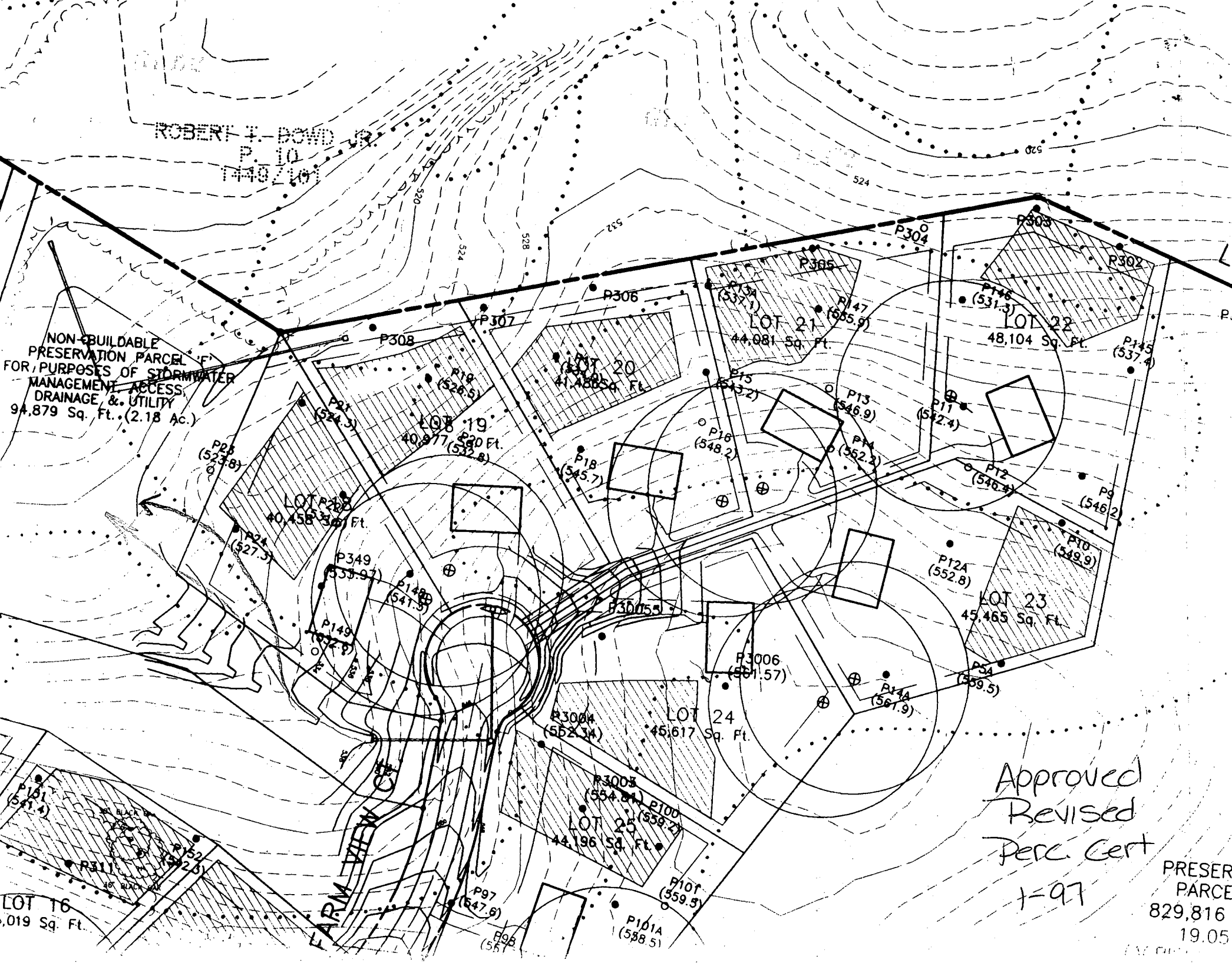
NON-BUILDABLE
PRESERVATION PARCEL
FOR PURPOSES OF STORMWATER
MANAGEMENT, ACCESS,
DRAINAGE, & UTILITY
94,879 Sq. Ft. (2.18 Ac.)

LOT 16
9,019 Sq. Ft.

FARM VIEW

Approved
Revised
Perc Cert
1-97

PRESER
PARCE
829,816
19.05





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

FAX

Date: 4/27/00

To: Tim Ragen

From: Amy McMillen

Phone: _____

Pages: 2

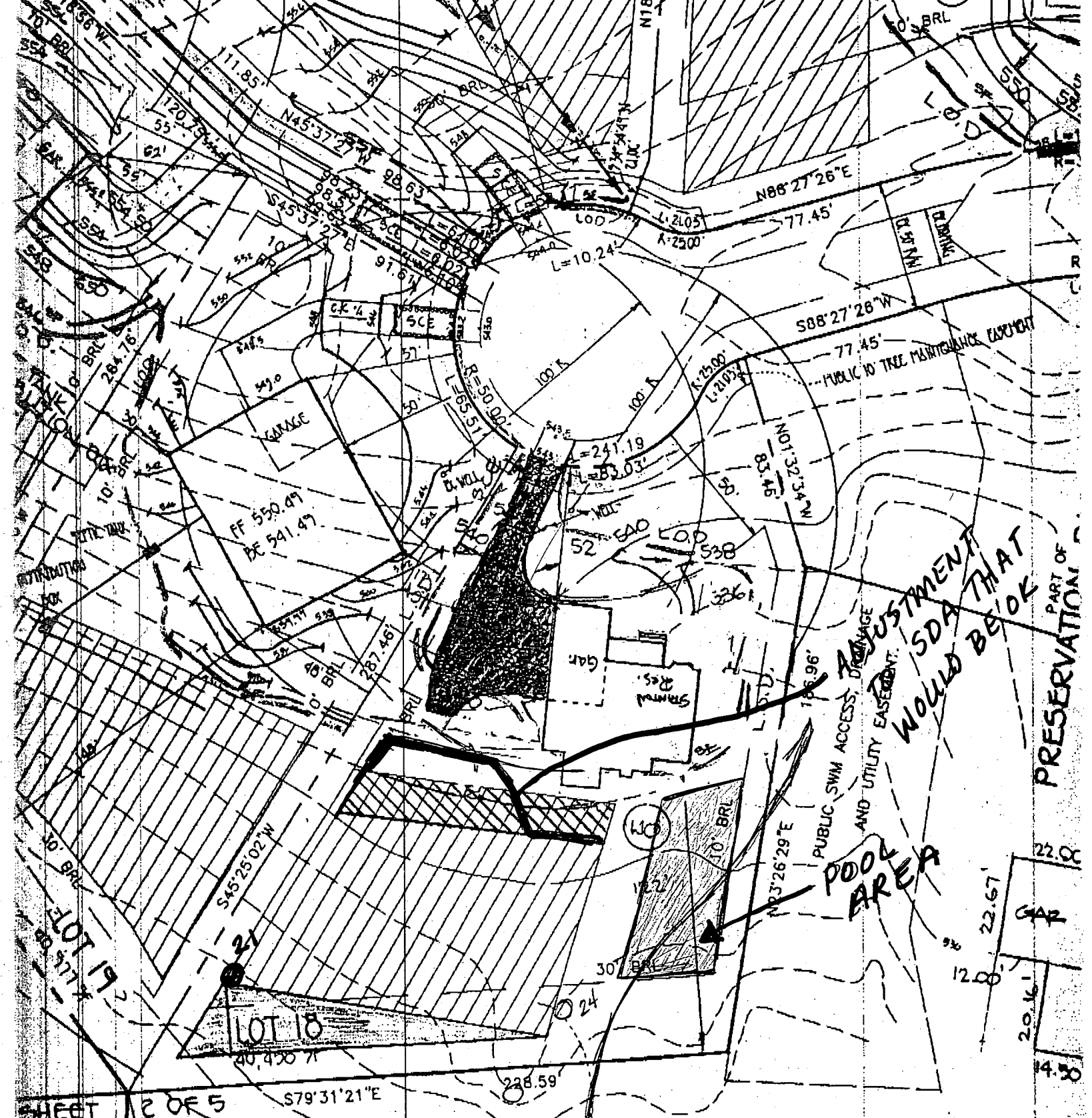
Re: Ridgeview Hunt
Lot 18

cc: _____

Comments:

- ① Adjustment to SAA not possible - Test hole 21 (see attached) Had H₂O (mottling) @ 9.0'
Adjustment toward left of lot (drainage easement) not possible due to sewer.
- ② Attached adjustment possible to allow for larger house than approved on B00121480. would be O.K.
- ③ There is a 20 foot setback for pools - Attached is possible pool area - Please give this info to owners for future reference

Amy McMillen



ABANDONED = 1683 S.F.
 RELOCATED = 1980 S.F.

NON-BUILDABLE
PRESERVATION PARCEL 'F'
 FOR PURPOSES OF SWMF

STANTON RESIDENCE
 RIDGE VIEW HUNT Lot #18
 PRELIMINARY PLOT PLAN
 TGR/4/26/00

ADJUSTMENT
 WOULD BE OK
 PRESERVATION

POOL AREA

SHEET 2 OF 5

workable

C 1 **6514** SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND
WELL COMPLETION REPORT**
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **A50388V**

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
02 07 97

Depth of Well
22 **160** 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1023
28 29 30 31 32 33 34 35 36 37

OWNER **RH Development**
STREET OR RD **Glen View DR** TOWN **Glenwood**
SUBDIVISION **Glen View** SECTION **19** LOT **18**

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
top soil	0	2	
shale	2	40	✓
brown slate	40	65	✓
sand stone	65	95	✓
granite	95	160	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle appropriate box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS **17** NO. OF POUNDS **1700**
GALLONS OF WATER **85**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **42** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **50**
60 61 63 64 66 70

OTHER CASING (if used)
diameter depth (feet)
inch from to

screen type or open hole insert appropriate code below
SCREEN RECORD
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MWD 040**
George F. Eberling
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **M D**

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)
160 **48** **160**
1 2 3
E 8 9 11 15 17 21
A 23 24 26 30 32 36
S 38 39 41 45 47 51
C 3
R
E
E
N
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
56 60
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

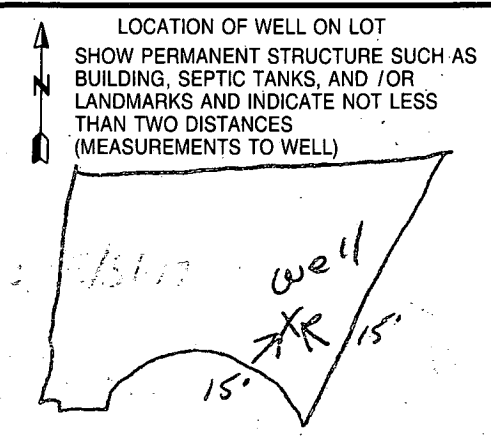
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
1 2

PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min.) **20**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **28** ft.
WHEN PUMPING **38** ft.
TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED _____
PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
PUMP HORSE POWER _____
PUMP COLUMN LENGTH (nearest ft.) _____
CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE
 below } **2** (nearest foot)



STORMWATER
MANAGEMENT SWM.F.

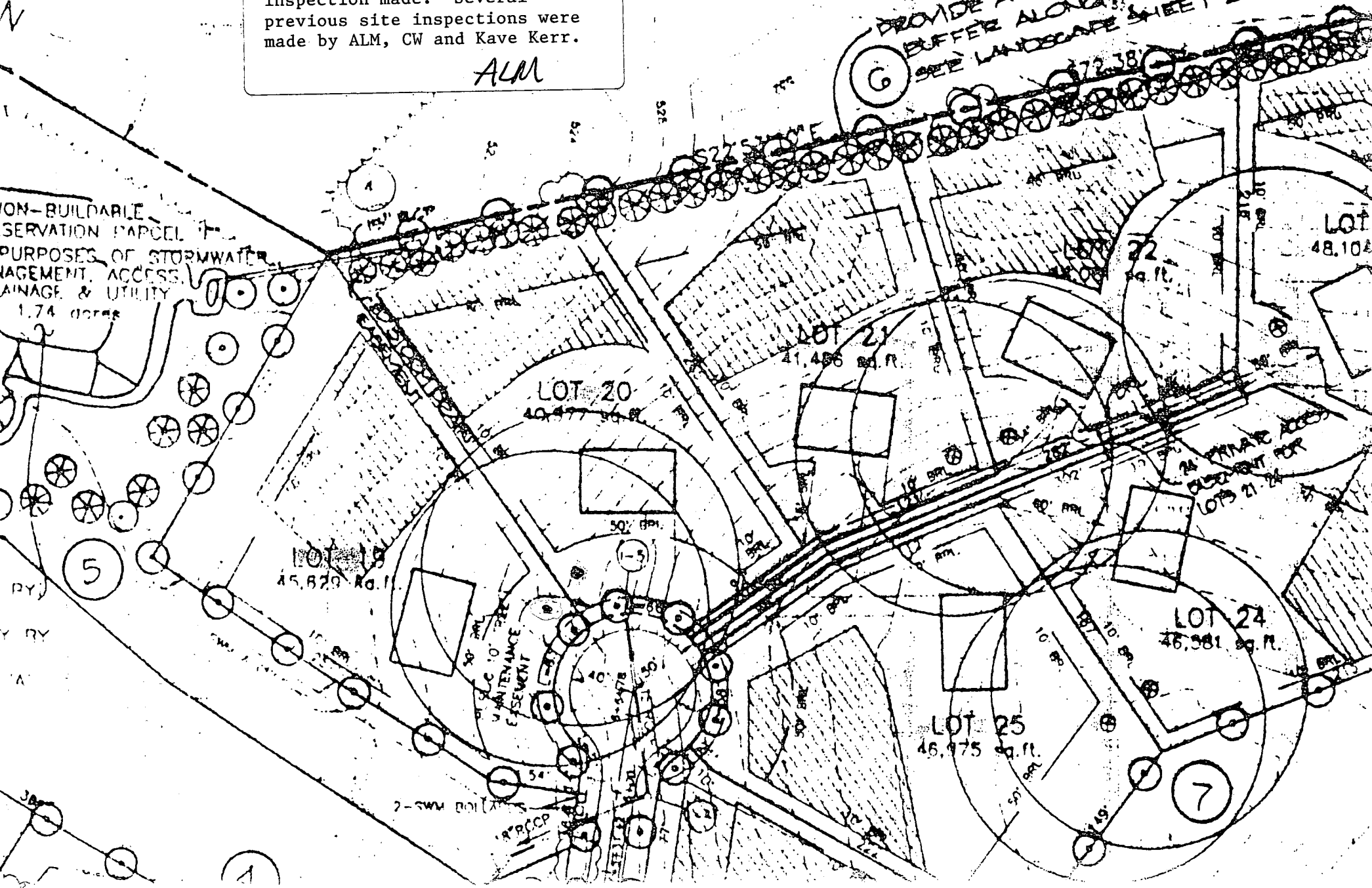
12-20-96

Well site O.K. as shown. No site inspection made. Several previous site inspections were made by ALM, CW and Kave Kerr.

ALM

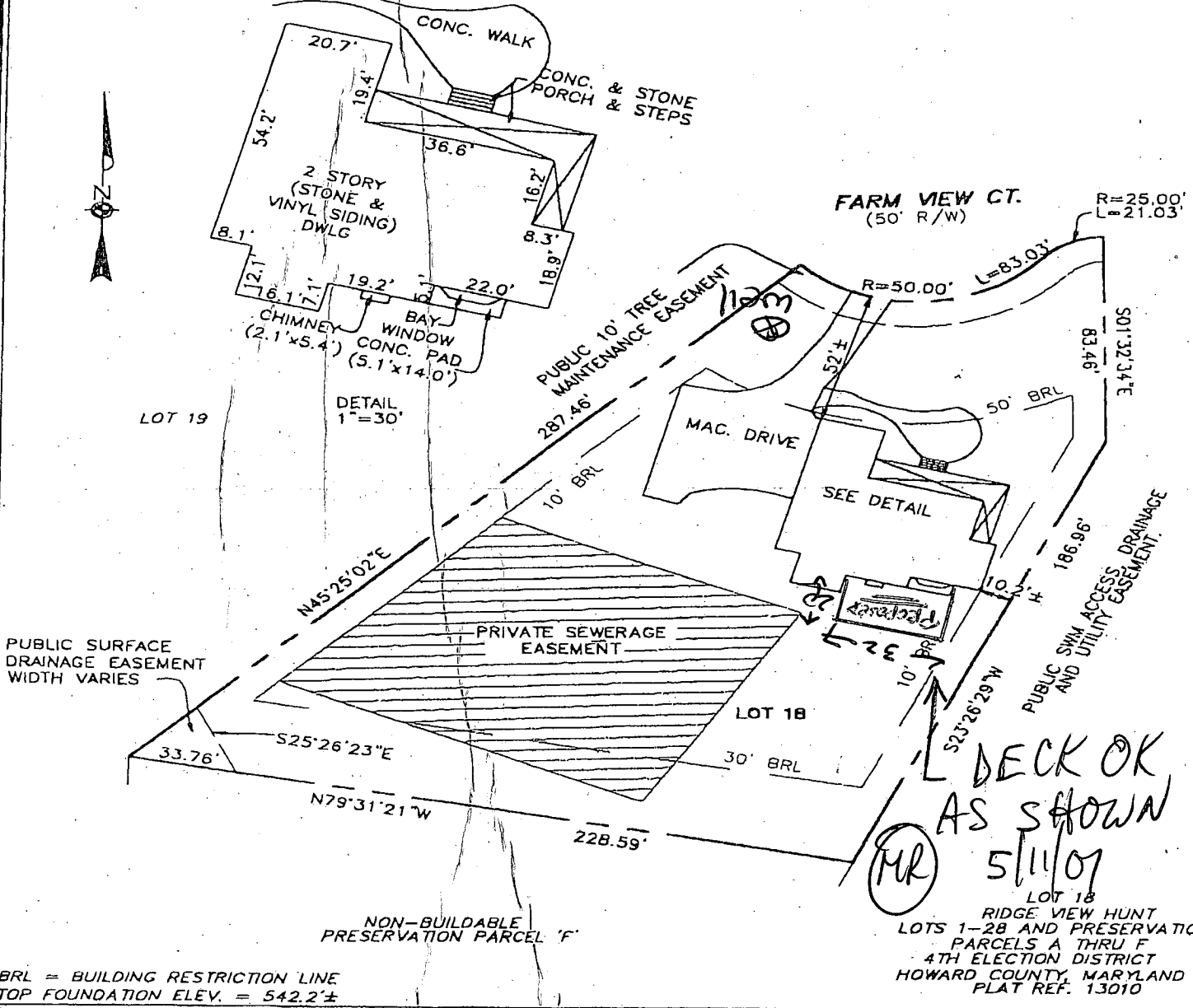
PROVIDE A 25' LANDSCAPE BUFFER ALONG REAR OF LOTS 20-25 SEE LANDSCAPE SHEET 2 OF 4

NON-BUILDABLE
CONSERVATION PARCEL
PURPOSES OF STORMWATER
MANAGEMENT, ACCESS,
DRAINAGE & UTILITY
1.74 acres



GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440008 B, EFFECTIVE DATE: DEC 4 1986
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



BRL = BUILDING RESTRICTION LINE
TOP FOUNDATION ELEV. = 542.2±

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



PROFESSIONAL LAND SURVEYOR DATE 10/4/00
REG. # 582

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 6/16/00
FINAL LOCATION: 10/3/00
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 10/4/00
DRAWN BY: T.P.F.
CHECKED BY: S.R.P.
PROJECT No.: 61253

mail to owner

MER

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE DEPT. 10 (ELLIGOTT CITY, MD 21043) PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY		PERMIT NUMBER CRMIT NUMBER B00129933	
Building Address: 15309 Farm View Court City: Woodbine MD 21797			Property Owner's Name: CRAN & BARBARA STANTON Address: 15309 FARM VIEW CT		
Suite/Apt. #: _____ SDP/N/P/Petition #: _____			City: Woodbine State: MD Zip Code: 21797		
Census Tract: 6040 Subdivision: River View Homes			Home Phone: (410) 319-9774 Work Phone: Same		
Section: _____ Area: _____ Lot: 18			Applicant's Name & Mailing Address: (If other than stated hereon): _____		
Tax Map: 14 Parcel: 14 Grid: 8			Address: _____		
Zoning: RCD Map Coordinates: S13 Lot size: 40,158 sq ft			City: _____ State: _____ Zip Code: _____		
Existing Use: SF Dwelling			Contractor Company: SELF		
Proposed Use: DECK			Contact Person: _____		
Estimated Construction Cost: \$8,000			Address: _____		
Description of Work: Build Deck			City: _____ State: _____ Zip Code: _____		
_____ of Work: 32 X 20 IRregular Shape			License No. _____		
_____ w/STEPS			Phone: _____ Fax: _____		
Occupant or Tenant: Same			Engineer or Architect Company: _____		
Contact Name: _____			Contact Person: _____		
Address: _____			Address: _____		
City: _____ State: _____ Zip Code: _____			City: _____ State: _____ Zip Code: _____		
Phone: _____ Fax: _____			Phone: _____ Fax: _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms: 4	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Multi-family dwellings: _____	Natural Gas <input checked="" type="checkbox"/>
Structural Steel <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
Masonry <input type="checkbox"/>	Sprinkler system: N/A	No. of 2 BR units: _____	Sprinkler system: N/A
Wood Frame <input type="checkbox"/>	Full <input type="checkbox"/>	No. of 3 BR units: _____	Other: _____
State Certified Modular <input type="checkbox"/>	Partial <input type="checkbox"/>	Other Structure: _____	Dimensions: _____
State Certified Modular <input type="checkbox"/>	Other Suppression <input type="checkbox"/>	Footings: POST + PIER	Roof: _____
	# of Heads: _____	State Certified Modular <input type="checkbox"/>	Manufactured Home <input type="checkbox"/>

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: CRAN Stanton

Title/Company: _____ Date: _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	111091
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>30.00</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering DPZ	5/11/01	[Signature]	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check # <u>5252</u>
ONE STOP SHOP <input type="checkbox"/>				Validation # _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 Rev. 10/15/98

